



State of Tennessee
Non-Participating Manufacturer
Certification of Quarterly Escrow Compliance

Review instructions prior to completion.

PART 1: Escrow Certification Period

1st Quarter (Jan.-March) ☐

Year _____

2nd Quarter (April-June) ☐

Original Certification ☐

3rd Quarter (July-Sept.) ☐

Amended Certification ☐

4th Quarter (Oct.-Dec.) ☐

Date of Original _____

Please see instructions for deadlines.

PART 2: Tobacco Product Manufacturer Identification

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Web/Email Address: _____

Name and title of person completing form: _____

PART 3: Designated Contact

Name: _____ Title: _____

Company/Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone: _____ Fax: _____

Web/Email Address: _____

This Office will only disclose information regarding the company, escrow account, compliance status, or directory status with those listed in this affidavit.



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Amended ☐ (Check if amended.)

Original Total NPM Sales:

Amended Total NPM Sales:

PART 4: Worksheet for Tobacco Products sold in the State of Tennessee

Brand Name	Number of Cigarettes sold in Tennessee	Ounces of Roll-Your-Own Tobacco sold in Tennessee	Name & Address of the Wholesaler, Distributor or Retailer to whom each product was sold.	Name & Address of the Importer of Foreign Manufactured Products
TOTALS			Add cigarette and RYO totals. Enter total NPM sales in Part 5, Line 2.	



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PART 5: Deposit Amount

Step 1: Total NPM sales (part 4)	1	
Step 2: The appropriate rate per cigarette for the reporting year 2007 (Contact Tobacco Enforcement Division for previous rates).	2	.0188482
Step 3: Multiply Total NPM sales in Line 1 by Line 2.	3	
Step 4: Multiply Line 3 by the inflation adjustment percentage. For the 2007 certification period, use the preliminary inflation adjustment of 33.18310%, based on the 2007 inflation adjustment. This is the total amount to be paid into escrow for this quarter.	X 4	1.3318310

****Proof of deposit or receipt is required from the financial institution at which the escrow account exists.****

PART 6: Escrow Account Information and Certification

Name of Financial Institution or Escrow Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contact Person: _____

Contact Email: _____

Escrow Account Number: _____

Tennessee Sub-Account Number: _____

Date of Escrow Agreement: _____

Date of Last Amendment to Escrow Agreement: _____

Total amount held in this account for Tennessee: \$_____

PART 7: Manufacturer Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Affidavit and any attached documents are true and accurate.

NPM Designee (PRINT)

Title

Signature of NPM Designee

Date

Subscribed and sworn
to before me this date _____

Signature of Notary Public

Commission Expires: _____

By submitting this affidavit, the NPM certifies that it has established, and continues to maintain, a fully funded, qualified escrow account, as defined and regulated by the Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999, Tenn. Code Ann. § 47-31-101, *et seq.*

Mail to:
Tennessee Attorney General
Tobacco Enforcement Division
P.O. Box 20207
Nashville, TN 37202-0207

****All requested documents and information must be submitted with this certification; certifications without the required documents and information will be returned unprocessed.****